ENTRY BLANK

PLEASE TYPE OR PRINT	Entered previous May Show
□ Ms. □ Mr. Artist Lob T	Vyes no
Permanent 53.5 6 Address Street	(Last Name Last)
44129 Tel. 1216	88857/2 Parma
Zip Area Code Temporary or Studio Address Street Tel. ()	Dr. Parma 888 5783
Zip Area Code	0000/10
If you do not presently live in o Western Reserve, which county	
Collaborator(If Any)	
If May Show entries are not according Artist will pick up at Museum should dispose of.	•
☐ Museum should ship to artis	st C.O.D. at this address:
Special Instructions	

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

DO NOT DETACH

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature _